

FEC FORM 5
REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED
To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation American Future Fund	
(b) Address (number and street) check if different than previously reported 4225 Fleur Dr.#142	
(c) City, State and ZIP Code Des Moines, IA 50321	3. FEC Identification Number C 3 0 0 0 1 0 2 8
2. Corporate filers only Is the filer a qualified nonprofit corporation? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Individual filers only	Name of Employer Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a) April 15 Quarterly Report
☒ July 15 Quarterly Report
October 15 Quarterly Report
January 31 Year-End Report

24-Hour Report
48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM
0 4 0 1 2 0 1 2
THROUGH
0 6 3 0 2 0 1 2

6. TOTAL CONTRIBUTIONS 0 0 0

7. TOTAL INDEPENDENT EXPENDITURES 5 0 0 6 9 4 5

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
<u>Sandy Greiner</u>	<u>Sandy Greiner, President</u>	<u>7-12-12</u>

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-A
ITEMIZED RECEIPTS

PAGE 1 OF 1

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF FILER (In Full)

American Future Fund

A. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period
Name of Employer Occupation			
B. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period
Name of Employer Occupation			
C. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period
Name of Employer Occupation			
D. Full Name (Last, First, Middle Initial)			Date of Receipt
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	
FEC ID number of contributing federal political committee. C			Amount of Each Receipt this Period
Name of Employer Occupation			

SUBTOTAL of Receipts This Page (optional) ▶

TOTAL This Period (last page carry total to Line 6) ▶

0 0 0

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

American Future Fund

Full Name (Last, First, Middle Initial) of Payee

Direct Response, LLC

Date

0 5 0 7 2 0 1 2

Mailing Address

2340 E. Beardsley Rd. Suite 100

Amount

City

Phoenix

State

AZ

Zip Code

85024

2 0 3 8 2 8

Purpose of Expenditure

GOTV phone calls.

Category/
Type 0 0 4

Office Sought: ☒ House State: IN

Senate

District: 5

President

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

David McIntosh

Calendar Year-To-Date Per Election
for Office Sought

2 0 3 8 2 8

Disbursement For: ☒ Primary ☐ General

Other (specify) ☐

Full Name (Last, First, Middle Initial) of Payee

Direct Response, LLC

Date

0 5 0 7 2 0 1 2

Mailing Address

2340 E. Beardsley Rd. Suite 100

Amount

City

Phoenix

State

AZ

Zip Code

85024

2 2 3 4 1 8 7

Purpose of Expenditure

GOTV phone calls.

Category/
Type 0 0 4

Office Sought: ☐ House State: IN

☒ Senate

District: ☐

President

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Richard Mourdock

Calendar Year-To-Date Per Election
for Office Sought

2 2 3 4 1 8 7

Disbursement For: ☒ Primary ☐ General

Other (specify) ☐

Full Name (Last, First, Middle Initial) of Payee

Direct Response, LLC

Date

0 5 0 8 2 0 1 2

Mailing Address

2340 E. Beardsley Rd. Suite 100

Amount

City

Phoenix

State

AZ

Zip Code

85024

1 8 7 5 4 8

Purpose of Expenditure

GOTV phone calls.

Category/
Type 0 0 4

Office Sought: ☒ House State: IN

Senate

District: 5

President

Check One: ☒ Support ☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

David McIntosh

Calendar Year-To-Date Per Election
for Office Sought

3 9 1 3 7 6

Disbursement For: ☒ Primary ☐ General

Other (specify) ☐

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

(b) SUBTOTAL of Unitemized Independent Expenditures.....▶

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 2 OF 2
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
American Future Fund

Full Name (Last, First, Middle Initial) of Payee Direct Response, LLC		Date 0 5 0 8 2 0 1 2
Mailing Address 2340 E. Beardsley Rd. Suite 100		Amount 2 3 8 1 3 8 2
City Phoenix	State AZ	
Zip Code 85024		
Purpose of Expenditure GOTV phone calls.	Category/Type 0 0 4	Office Sought: House State: IN <input checked="" type="checkbox"/> Senate District: _____ President
Name of Federal Candidate Supported or Opposed by Expenditure: Richard Mourdock		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 4 6 1 5 5 6 9		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Zip Code		
Purpose of Expenditure	Category/Type	Office Sought: House State: _____ Senate District: _____ President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	
Zip Code		
Purpose of Expenditure	Category/Type	Office Sought: House State: _____ Senate District: _____ President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	▶	5 0 0 6 9 4 5
(b) SUBTOTAL of Unitemized Independent Expenditures.....	▶	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to line 7)	▶	5 0 0 6 9 4 5

Federal Election Commission
**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.	
N/A PREPARER	N/A DATE PREPARED

(5/2004)